

9616

SPRINTERS -
WRA USE ONLY

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAXES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT SUBJECT BE COMPLETED 41
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.)
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

DATE RECEIVED
(WRA USE ONLY)

10/6/78
DATE WELL COMPLETED

DEPTH OF WELL

175

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-73-2892

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 277

OCT 20 1978

OWNER Castello Builders, Inc.

STREET OR RFD Rt #94 POST OFFICE Seabrook, Md.

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET FROM TO CHECK IF WATER BEARING

BROWN SHALE 0 30 ✓

GRAY SAND STONES 30 175

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 14 NO. OF POUNDS 1316

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 38 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)
DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
STEEL BRASS OR BRONZE OPEN HOLE
PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)
FROM 1 TO 175
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE ROTARY

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 170 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

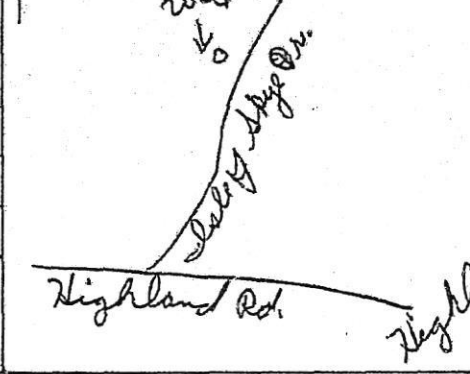
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE (NEAREST FOOT) 1
 BELOW 49

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

- A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- ELECTRIC LOG OBTAINED
- TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

A. RAY KEYSER

Signature A. Ray Keyser

Add to Records

- Well info
 - Test Results
 - Well Pics
-

STATE OF MARYLAND
 DEPARTMENT OF NATURAL RESOURCES
 WATER RESOURCES ADMINISTRATION
 TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 07/18/78
 MO DA YR

PERMIT NUMBER- MC-73-2892

ISSUED TO DRILLER-

KEYSER, ALTON RAY
 RT 11 BETHEL RD
 FREDERICK MD 21701

DRILLER
 ID. NUMBER- 277

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
 TO BE OWNED BY-

COSTELLO BLDRS INC
 RT 94
 LISBON MD

THIS WELL IS TO BE LOCATED IN HOWARD COUNTY,
 HIGHLAND LAKE SUBDIVISION, SECTION- , LOT- 5 ,
 NEAR THE TOWN OF HIGHLAND

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL NOT REPLACE ANOTHER WELL.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID.

1. NOTIFY COUNTY HEALTH DEPT. 24 HOURS BEFORE GROUTING WELL.
2. LOCATE WELL AT LEAST 100 FT FROM ANY SEWAGE DISPOSAL SYSTEM.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
 01/18/79. A WELL COMPLETION
 REPORT MUST BE SUBMITTED TO
 THE ADMINISTRATION WITHIN 30 DAYS
 AFTER COMPLETION OF THE WELL.

HERBERT M. SACHS
 DIRECTOR, MARYLAND
 WATER RESOURCES
 ADMINISTRATION





DO NOT REMOVE THIS TAG
WATER RESOURCES ADMIN.

WELL PERMIT NUMBER

HO-73-2892

FOR INFORMATION-GIVE NUMBER AND DATE
TAXES OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 153609 Account #: 1933
Reference: Stanley Hawkins Client: Fogle's Well Pump & Treatment
Location: 6625 Isle of Skye Drive Requested By: Dave Fogle
Highland, MD 20777 Source: Well Water
Date/ Time Collected: 7/29/2022 1245 Site: Kitchen Tap
Date/Time Rec'd: 7/29/2022 1341 Treatment: Neutralizer/Softener
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: B. Wilkerson 2383BW Well #: N/A

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/30/2022 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	7/30/2022 / 1000 / BCD
Nitrate.	6.82	mg/L	10	EPA 300.0	7/29/2022 / 1840 / CRS
Turbidity	<0.30	NTU	<10	SM2130B	7/29/2022 / 1415 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	7/29/2022 / 1500 / CRS

NOTES:

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND = None Detected; N/A: Not Available
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Client's Information

Date Reported: 8/1/2022